

The SPEAKER pro tempore, Mr. FIELDS of Louisiana, overruled the point of order, and said:

"The Chair is prepared to rule.

"Clause 7 of rule XIII requires that the report of the Committee on the District of Columbia on H.R. 51 contain the committee's estimate of the costs which would be incurred in carrying out the bill in the fiscal year in which it is reported and in each of the 5 ensuing fiscal years.

"On page 22 of House Report 103-371, the Committee on the District of Columbia notes, pursuant to clause 7 of rule XIII, that the provisions of the bill affecting revenues and expenditures are similar to those in an earlier bill, and includes the full text of the Congressional Budget Office cost estimated, dated April 30, 1992, on that earlier form of the bill.

"The CBO cost estimate estimates costs and savings as recurring annually and indefinitely.

"For example, it estimates the costs of providing services, within and administering the National Capital Service Area as being at least \$40 million annually.

"It estimates the costs of additional congressional representation as being "\$3 million a year", it estimates the cost for the Statehood Transition Commission at less than \$ million, and it estimates the savings from the discontinuation of Federal support for local administration of justice and resulting court services as \$45 million a year.

"In addition, clause 7(d) of rule XIII expressly acknowledges the fundamental accuracy of the CBO cost estimates.

"The Chair also notes in response to the point of order under section 308 of the Budget Act that the cost of the new Senators salary as stated in the CBO report would result in a direct Federal spending of \$0.3 million annually. Thus the CBO report identifies new spending authority provided in the bill.

"The Chair holds that the committee cost estimate on the bill is not deficient for its being based on the CBO cost estimate where the latter estimate has examined the same subject on an indefinite basis.

"The Chair overrules the point of order."

The House then resolved itself into the Committee of the Whole House on the state of the Union.

The SPEAKER pro tempore, Mr. FIELDS of Louisiana, by unanimous consent, designated Mr. MFUME as Chairman of the Committee of the Whole; and after some time spent therein,

The SPEAKER pro tempore, Mr. RUSH, assumed the Chair.

When Mr. MFUME, Chairman, reported that the Committee, having had under consideration said bill, had come to no resolution thereon.

¶138.38 PROVIDING FOR THE CONSIDERATION OF H.R. 3

Mr. MOAKLEY, by direction of the Committee on Rules, reported (Rept.

No. 103-402) the resolution (H. Res. 319) providing for consideration of the bill (H.R. 3) to amend the Federal Election Campaign Act of 1971 to provide for a voluntary system of spending limits and benefits for congressional election campaigns, and for other purposes.

When said resolution and report were referred to the House Calendar and ordered printed.

¶138.39 PROVIDING FOR THE CONSIDERATION OF H.R. 3400

Mr. MOAKLEY, by direction of the Committee on Rules, reported (Rept. No. 103-403) the resolution (H. Res. 320) providing for consideration of the bill (H.R. 3400) to provide a more effective, efficient, and responsive government.

When said resolution and report were referred to the House Calendar and ordered printed.

¶138.40 MESSAGE FROM THE PRESIDENT—HEALTH SECURITY

The SPEAKER pro tempore, Mr. RUSH, laid before the House a message from the President, which was read as follows:

*To the Congress of the United States:*

I am pleased to transmit today to the Congress the "Health Security Act of 1993."

This legislation holds the promise of a new era of security for every American—an era in which our Nation finally guarantees its citizens comprehensive health care benefits that can never be taken away.

Today, America boasts the world's best health care professionals, the finest medical schools and hospitals, the most advanced research, and the most sophisticated technology. No other health care system in the world exceeds ours in the level of scientific knowledge, skill, and technical resources.

And yet, the American health care system is badly broken. Its hallmarks are insecurity and dangerously rising costs.

For most Americans the fear of losing health benefits at some time has become very real. Our current health insurance system offers no protection for people who lose their jobs, move, decide to change jobs, get sick, or have a family member with an illness. One out of four Americans is expected to lose insurance coverage in the next 2 years, many never to be protected again. Altogether, more than 37 million Americans have no insurance and another 25 million have inadequate health coverage.

Rising health care costs are threatening our standard of living. The average American worker would be making \$1,000 a year more today if health care accounted for the same proportion of wages and benefits as in 1975. Unless we act, health care costs will lower real wages by almost \$600 per year by the end of the decade and nearly \$1 in every \$5 Americans spend will go to health care.

Small businesses create most of the new jobs in America and while most

want to cover their employees, more and more cannot. Under the current health care system, cost pressures are forcing a growing number of small business owners to scale back or drop health insurance for their employees. Small businesses spend 40 cents of every health insurance dollar for administration—eight times as much as large companies. And only 1 in every 3 companies with fewer than 500 workers today offers its employees a choice of health plan.

Our health care system frustrates those who deliver care. Doctors and nurses are drowning in paperwork, and hospitals are hiring administrators at 4 times the rate of health care professionals. The system places decisions that doctors should be making in the hands of distant bureaucrats. Its incentives are upside down; it focuses on treating people only after they get sick, and does not reward prevention.

Clearly, our challenges are great. This legislation is sweeping in its ambition and simple in its intent: to preserve and strengthen what is right about our health care system and fix what is wrong.

Our needs are now urgent. A Nation blessed with so much should not leave so many without health security.

This legislation draws upon history. It reflects the best ideas distilled from decades of debate and experience.

It reflects the sense of responsibility that President Franklin Roosevelt called for when he launched the Social Security program in 1933 and recommended that health care be included.

It reflects the vision of President Harry Truman, who in 1946 became the first President to introduce a plan for national health reform.

It reflects the pragmatism of President Richard Nixon, who in 1972 asked all American employers to take responsibility and contribute to their workers' health care.

And it reflects the ideas and commitment of generations of Congressional leaders who have fought to build a health care system that honors our Nation's commitments to all its citizens.

Today America stands ready for reform. For the first time, members of both parties have agreed that every American must be guaranteed health care. An opportunity has been placed before us. We must not let it pass us by.

This legislation builds on what's best about the American health care system. It maintains and strengthens America's private health care. It extends the current system of employer-based coverage that works so well for so many. It protects our cherished right to choose how we are cared for and who provides that care. It invests in improving the quality of our care.

This legislation recognizes that America cannot, and need not, adopt one model of health care reform. It allows each State to tailor health reform to its unique needs and characteristics, as long as it meets national guarantees